U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

1. File Number U

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name	MARK D	HEERS	Name I.B.E.W. LOCAL UNION 044	0
			Labor Organization File Number 029-92	5
P.O. Box, Bldg., Room No., if any SUITE # 15			P.O. Box, Building and Room Number, if any SUITE # 15	
Street 1074 E. LA CADENA DRIVE			Street 1074 E. LA CADENA DRIVE	
City RIVERSIDE			City RIVERSIDE	
State Cali:	fornia	ZIP Code + 4 92501	State California	ZIP Code + 4 92501
5. Position in la	bor organization.			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
			7.b. Amount.	
Street				
City				Transition of the Control of the Con
State		ZIP Code + 4		
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				

8/10/2005

951.684.5665

Telephone Number